

I CERTIFY THAT THIS IS A TRUE COPY OF THE CERTIFICATE RECEIVED FOR RECORD

ATTEST: *Debbie Curcio Holstead* REGISTRAR

US-100 (06) STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH		CERTIFICATE OF DEATH OFFICE OF THE CHIEF MEDICAL EXAMINER		STATE FILE NUMBER	
1. DECEASED (Last, First, Middle Initial) Adam Peter Lanza		2. SEX Male		3. DATE OF BIRTH (Month/Day/Year) December 14, 2012	
4. AGE (Years) 20		5. DATE OF DEATH (Month/Day/Year) April 22 1992		6. PLACE OF DEATH Roster NH	
7. RESIDENCE (City/Town/Village) Connecticut		8. RESIDENCE (County) Fairfield		9. RESIDENCE (City/Town/Village) Newtown	
10. ADDRESS (Street, Apt. No., Box, etc.) 36 Yoganisaka St.		11. ZIP CODE 06470		12. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	
13. DECEASED'S NAME (Last, First, Middle Initial) Peter Lanza		14. DECEASED'S RELATIONSHIP TO DECEASED Father		15. DECEASED'S NAME (Last, First, Middle Initial) Nancy Champion	
16. DECEASED'S BIRTH (Month/Day/Year) December 14, 1992		17. DECEASED'S BIRTH (City/Town/Village) Public School		18. DECEASED'S BIRTH (State) 12 Dickinson Drive	
19. DECEASED'S BIRTH (Country) Sandy Hook 06482		20. DECEASED'S BIRTH (County) FAIRFIELD		21. DECEASED'S BIRTH (City/Town/Village) Loxwood Cemetery	
22. DECEASED'S BIRTH (Address) 641 Main St East Hartford CT		23. DECEASED'S BIRTH (City/Town/Village) East Hartford		24. DECEASED'S BIRTH (State) 12-17618	
25. DECEASED'S BIRTH (Date) 12/14/2012		26. DECEASED'S BIRTH (Time) 11:00 AM		27. DECEASED'S BIRTH (Place) 2698	
28. CAUSE OF DEATH Gunshot Wound of Head					
29. MANNER OF DEATH Self Inflicted					
30. SIGNATURE OF CHIEF MEDICAL EXAMINER H. Wayne Carter, II, M.D.					
31. OFFICE OF THE CHIEF MEDICAL EXAMINER 11 Shamble Road, Farmington, CT 06032-1909					
32. SIGNATURE OF REGISTRAR Debbie Curcio Holstead					
33. DECEASED'S RACE White					
34. DECEASED'S ETHNICITY N/A					